



REQUEST FOR 30 DAY EXTENSION TO STORE HAZARDOUS WASTE WITHOUT A PERMIT

(Please allow ten (10) working days for processing)

1. Solid Waste Registration No.							
2. Texas Waste Code No.							H
3. EPA Hazardous Waste No.							
4. Intended waste shipment date							
5. Expiration date of storage							

INFORMATION NEEDED	REQUESTOR'S RESPONSE
6. Facility name	
7. Facility contact person (name, phone and fax numbers)	Phone: _____ Fax: _____
8. Waste description (amount and type)	
9. Location of storage facility for waste	
10. Description of storage conditions for the waste	
11. Detailed reason for 30-day extension request*	
12. TNRCC regional personnel contacted (if any)	
13. Arrangement for waste shipment (status and transporter's name)	
14. Preventive measures for storage beyond 90 days	

*If additional space is needed for response, please attach a separate sheet.

GENERATOR/REPRESENTATIVE

Date _____ Signature _____

Company _____ Printed name _____

Phone: _____ Fax: _____ Title _____

Mailing address: _____

Please submit the completed form to the Waste Analysis Team by facsimile (512-239-6410) OR mail to the Waste Analysis Team- MC 129, Industrial and Hazardous Waste Division, TNRCC, P.O. Box 13087, Austin, TX 78711-3087.

TNRCC USE ONLY

Processed by: _____ Title: _____ Waste Analysis Team, Waste Evaluation Section Industrial and Hazardous Waste Division	<input type="checkbox"/> Granted <input type="checkbox"/> Denied Reason(s) for denial _____ _____ _____ Processed date: _____ Signature: _____
<input type="checkbox"/> Copy to TNRCC Region _____, Office of Waste Program	